Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this a amended filin

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Joseph First name  P. Middle name	First name  Middle name
	Bring your picture identification to your meeting with the trustee.	Nolan Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6567	

Del	btor 1 Joseph P. Nolan		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		319 West 24th Street Deer Park, NY 11729	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Suffolk	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Joseph P. Nolan					Case number (if known)	
Par	t 2: Tell the Court About	our Bank	cruptcy Case				
7.	The chapter of the Bankruptcy Code you are			escription of each, se the top of page 1 and		by 11 U.S.C. § 342(b) for Individuals Filing for riate box.	Bankruptcy
	choosing to file under	■ Chap	oter 7				
		☐ Chap	ter 11				
		☐ Chap	oter 12				
		☐ Chap					
8.	How you will pay the fee	abo	out how you may	y pay. Typically, if you ney is submitting your	are paying the fee	neck with the clerk's office in your local court for yourself, you may pay with cash, cashier's chehalf, your attorney may pay with a credit care	neck, or money
			•		f you choose this o	ption, sign and attach the Application for Indiv.	iduals to Pay
		Th	ne Filing Fee in In	nstallments (Official F	orm 103A).		,
		but ap	t is not required to plies to your fam	to, waive your fee, an illy size and you are u	d may do so only if nable to pay the fe	tion only if you are filing for Chapter 7. By law your income is less than 150% of the official pe in installments). If you choose this option, you official Form 103B) and file it with your petition.	poverty line that ou must fill out
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to line 12	2.			
	residence?	☐ Yes.	Has your lan	ndlord obtained an evi	ction judgment aga	inst you?	
			☐ No. G	Go to line 12.			
				Fill out <i>Initial Stateme</i> pankruptcy petition.	ent About an Evictio	on Judgment Against You (Form 101A) and file	e it as part of

Deb	otor 1 Joseph P. Nolan				Case number (if known)
Par	Report About Any Bu	ısinesses	You Own	as a Sole Propriet	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code
	it to this petition.		Check		x to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))
				,	efined in 11 U.S.C. § 101(53A))
				•	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you in	dicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of <i>small</i>	■ No.	I am n	ot filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ling under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	Report if You Own or	· Have An	, Hazardo	us Property or An	y Property That Needs Immediate Attention
	Do you own or have any	■ No.	Tiuzuiuo	us i roperty or An	y Froperty Fruit Reeds Immediate Attention
	property that poses or is				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
	· ,				Number, Street, City, State & Zip Code

Debtor 1 Joseph P. Nolan Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1Joseph P. Nolan			Case number (if	known)
Par	t 6: Answer These Quest	ions for Rep	orting Purposes		
	What kind of debts do you have?			mer debts? Consumer debts are defined, family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
				ess debts? Business debts are debts that ent or through the operation of the busines	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. S	tate the type of debts you owe th	hat are not consumer debts or business d	ebts
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. G	o to line 18.	
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt property le to distribute to unsecured creditors?	is excluded and administrative expenses
	administrative expenses are paid that funds will		No		
	be available for distribution to unsecured creditors?		l Yes		
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	<b>2</b> 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$50	000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,001		☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		<b>—</b> \$500,00	1 - \$1 HIIIIOH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
20.	How much do you estimate your liabilities	□ \$0 - \$50		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?	\$50,001	- \$100,000 1 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			1 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t7: Sign Below				
For	you	I have exam	nined this petition, and I declare	under penalty of perjury that the informati	on provided is true and correct.
				n aware that I may proceed, if eligible, und available under each chapter, and I choos	
				ay or agree to pay someone who is not ar tice required by 11 U.S.C. § 342(b).	n attorney to help me fill out this
		I request rel	ief in accordance with the chapt	ter of title 11, United States Code, specifie	ed in this petition.
		bankruptcy and 3571.	case can result in fines up to \$2	cealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 year	roperty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Joseph P.		Signature of Debtor 2	
		Signature of		2.gss. 5 5 5 5 6 7 2	
		Executed or		Executed on	
			MM / DD / YYYY	MM / D	D / YYYY

Debtor 1 Joseph P. Nolan		Case	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Un	ited States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.		es, certify that I have no know	ledge after an inquiry that the information in the
	/s/ DAVID I. PANKIN, ESQ.	Date	April 15, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	DAVID I. PANKIN, ESQ. Printed name		
	David I. Pankin, P.C.		
	48 Willoughby Street		
	Brooklyn, NY 11201-5202		
	Number, Street, City, State & ZIP Code		
	Contact phone <b>718-243-2444</b>	Email address	info@pankinlaw.com
	2762 NY		
	Bar number & State		<del></del>

Fill	in this inform	ation to identify your	case:				
Deb	otor 1	Joseph P. Nolan					
Deh	otor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States Ban	kruptcy Court for the:	EASTERN DISTRICT O	OF NEW YORK			
Cas (if kn	se number					_	c if this is an ded filing
Of	ficial For	m 106Sum					
				nd Certain Statisti			12/15
info	rmation. Fill o	ut all of your schedul	es first; then complete tl	e are filing together, both and the information on this form the the box at the top of this	i. If you are filing amend		
Par	t 1: Summa	rize Your Assets					
						Your a	ssets of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fe 55, Total real estate, f	orm 106A/B) com Schedule A/B			\$	185,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B.			\$	36,690.96
	1c. Copy line	63, Total of all propert	on Schedule A/B			\$	221,690.96
Par	t 2: Summa	rize Your Liabilities					
	<u> </u>						abilities
						Amoun	t you owe
2.			aims Secured by Property nn A, Amount of claim, at	y (Official Form 106D) the bottom of the last page o	of Part 1 of Schedule D	\$	226,804.74
3.			Unsecured Claims (Official	al Form 106E/F) ns) from line 6e of <i>Schedule</i> i	E/F	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured o	claims) from line 6j of Schedu	ıle E/F	\$	37,872.95
					Your total liabilities	\$	264,677.69
Par	t 3: Summa	rize Your Income and	Expenses				
4.		our Income (Official Fo		e /		\$	5,839.79
5.		Your Expenses (Official onthly expenses from li				\$	6,451.12
Par	t 4: Answer	These Questions for	Administrative and Stat	tistical Records			
6.	-	• • •	er Chapters 7, 11, or 13? on this part of the form. C	P Check this box and submit this	s form to the court with yo	our other scl	nedules.
7.	Yes What kind o	f debt do you have?					
				debts are those "incurred by 9g for statistical purposes. 28		a personal	family, or
		ebts are not primarily t with your other sched		ave nothing to report on this p	art of the form. Check this	s box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1	Joseph P. Nolan	Case number (if known)
----------	-----------------	------------------------

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,118.48

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	Joseph P. Nolan	ı					
	First Name	Middle I	Name	Last Name			
Debtor 2 Spouse, if filing)	First Name	Middle I	Name	Last Name			
nited States I	Bankruptcy Court for the:	EASTERN [	DISTRI	CT OF NEW YORK			
ase number		-					Objects to the second
							Check if this is a amended filing
)fficial F	orm 106A/B						
	ıle A/B: Prop	perty					12/15
ormation. If m swer every qu	ore space is needed, attach lestion.	n a separate she	eet to th	married people are filing together, both ar nis form. On the top of any additional page Estate You Own or Have an Interest In			
□ No. Go to F		le interest in an	ny resid	ence, building, land, or similar property?			
, 661 111161	o to the property.						
I			What	is the property? Check all that apply			
319 Wes	st 24th Street ss, if available, or other description	n	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of	any secured cla	s or exemptions. Put aims on <i>Schedule D:</i> Secured by Property.
319 Wes	ss, if available, or other description	729-0000 ZIP Code		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of Creditors Who Current value entire proper	any secured cla to Have Claims S e of the C ty? p	aims on Schedule D: Secured by Property. Surrent value of the ortion you own?
319 Wes	rk NY 11	729-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other	Current value entire proper \$370  Describe the (such as fee	any secured class of Have Claims Secured the cty? p.000.00	aims on Schedule D: Secured by Property.  Current value of the ortion you own? \$185,000.0
319 Wes	rk NY 11	729-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare	Current value entire proper \$370  Describe the (such as fee a life estate),	any secured claps of the Coty? p,000.00 nature of your simple, tenancif known.	aims on Schedule D: Secured by Property.  Gurrent value of the ortion you own? \$185,000.00  ownership interest y by the entireties, o
Street address  Deer Pa City  Suffolk	rk NY 11	729-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one	Current value entire proper \$370  Describe the (such as fee a life estate),	any secured claps of the Coty? p,000.00 nature of your simple, tenancif known.	aims on Schedule D: Secured by Property.  Gurrent value of the ortion you own? \$185,000.00  ownership interest y by the entireties, o
319 Wes Street addre	rk NY 11	729-0000	 	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value entire proper \$370  Describe the (such as fee a life estate), Joint tena	any secured clap Have Claims Secured the property of the prope	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$185,000.00  ownership interest y by the entireties, o
Deer Pa City  Suffolk	rk NY 11	729-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current value entire proper \$370  Describe the (such as fee a life estate), Joint tena	any secured claims so the control of the ty?  p,000.00  nature of your simple, tenancif known.  nt with righ  this is commuctions)	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$185,000.0  ownership interest y by the entireties, o
319 Wes Street addre	rk NY 11	729-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite	Current value entire proper \$370  Describe the (such as fee a life estate), Joint tena	any secured claims so the control of the ty?  p,000.00  nature of your simple, tenancif known.  nt with righ  this is commuctions)	aims on Schedule D: Secured by Property.  Surrent value of the ortion you own? \$185,000.0  ownership interest y by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	otor 1	loseph P. Nolan		Case number (if known)	
3. <b>C</b>	ars, vans	, trucks, tractors, sport utility ve	hicles, motorcycles		
_	] No				
_	Yes				
	165				
3.1	I Make:	BMW	Who has an interest in the property? Check one		claims or exemptions. Put
5.1	Model:	328	Debtor 1 only		red claims on Schedule D: aims Secured by Property.
	Year:	2008	☐ Debtor 2 only		
	Approxi	mate mileage: 120,000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other in	formation:	☐ At least one of the debtors and another		
	non-o	perable	☐ Check if this is community property (see instructions)	\$2,299.00	\$2,299.00
			nd other recreational vehicles, other vehicles, a		
E	xamples: E	Boats, trailers, motors, personal wa	atercraft, fishing vessels, snowmobiles, motorcycle	accessories	
	No				
	] Yes				
	- 100				
				_	
			n for all of your entries from Part 2, including a		\$2,299.00
.ţ	pages you	have attached for Part 2. Write	that number here		\$2,299.00
Daw	Danes	the Vern Berneral and Herreland 16			
		ibe Your Personal and Household It	ems terest in any of the following items?		Current value of the
Do	you own	or mave any legal or equitable in	terest in any or the ronowing items:		portion you own?  Do not deduct secured claims or exemptions.
		goods and furnishings	aktina 19akanisana		•
	E <i>xampies:</i> ⊒ No	Major appliances, furniture, linens	s, cnina, kitchenware		
_	⊒ No ■ Yes. De	escribe			
	. 00. 20				
		Misc. househol	d contents		\$2,500.00
	E <b>lectronics</b> Examples:		eo, stereo, and digital equipment; computers, print nedia players, games	ers, scanners; music collec	tions; electronic devices
	□ No				
	Yes. De	escribe			
		2 TVs, 2 compu	ters. cellphone		\$550.00
			· •		· · · · · · · · · · · · · · · · · · ·
8 <b>C</b>	ollectible	s of value			
		Antiques and figurines; paintings,	prints, or other artwork; books, pictures, or other a	rt objects; stamp, coin, or b	aseball card collections;
	_	other collections, memorabilia, co	llectibles		
	■ No				
L	☐ Yes. De	escribe			
		for sports and hobbies Sports, photographic, exercise, ar musical instruments	nd other hobby equipment; bicycles, pool tables, go	olf clubs, skis; canoes and l	kayaks; carpentry tools;
	No				
	☐ Yes. De	escribe			
10.	Firearms				
	Examples	s: Pistols, rifles, shotguns, ammuni	tion, and related equipment		
	No				

Debtor 1	Joseph P. Nolan	Case number (if know	n)
☐ Yes.	Describe		
1. Clothe			
□ No	ples: Everyday clothes, furs, leather coats, design	er wear, snoes, accessories	
Yes.	Describe		
	clothing		\$500.00
	Ciotiling		Ψ300.00
12. <b>Jewel</b> i	ry		
	ples: Everyday jewelry, costume jewelry, engager	nent rings, wedding rings, heirloom jewelry, watches, gems	, gold, silver
□ No ■ Yes	Describe		
_ 100.			
	wedding band		\$200.00
-	arm animals ples: Dogs, cats, birds, horses		
■ No	,		
☐ Yes.	Describe		
4. <b>Any o</b>	ther personal and household items you did no	t already list, including any health aids you did not list	
■ No			
⊔ Yes.	Give specific information		
15 <b>Add</b>	the dellar value of all of your entries from Part	3, including any entries for pages you have attached	
	art 3. Write that number here		\$3,750.00
	escribe Your Financial Assets		
Do you o	wn or have any legal or equitable interest in an	y of the following?	Current value of the portion you own?
			Do not deduct secured
			claims or exemptions.
6. Cash Exam	iples: Money you have in your wallet, in your home	e, in a safe deposit box, and on hand when you file your pe	iition
□ No	processing, you have in your mailer, in your neme	, , , , , , , , , , , , , , , , , ,	
Yes.			
		Cash	\$10.00
	sits of money		
Exam	ples: Checking, savings, or other financial accoun institutions. If you have multiple accounts wi	ts; certificates of deposit; shares in credit unions, brokerag th the same institution, list each.	e houses, and other similar
☐ No			
Yes.		Institution name:	
		Capital One	<b>#200.05</b>
	17.1. checking	Account #: 6863	\$366.85
		Bethpage Federal Credit Union	
	17.2. business checkin		\$205.28
	47.0 husinggo gavings	Bethpage Federal Credit Union Account #: 6285	\$5.00
	17.3. business savings	ACCOUNT #. 0203	

De	btor 1	Joseph P. Nola	an	Case nu	ımber (if known)	
			17.4. checking	Bethpage Federal Credit Union Account #: 5570 (joint with non-filing spouse)		\$115.00
			publicly traded stocks vestment accounts with bro	okerage firms, money market accounts		
			Institution or issuer	name:		
		ublicly traded stoc enture	k and interests in incorpo	orated and unincorporated businesses, includ	ding an interest in an LL	C, partnership, and
	Yes.	Give specific inform	nation about them Name of entity:		wnership:	
			100% ownership int (no assets; not con	erest in Nitswell Inc. ducting business)	% 	\$0.00
	Negoti Non-ne	<i>iable instrument</i> s in	clude personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and money ordensfer to someone by signing or delivering them.	iers.	
	■ No □ Yes.	Give specific inform	nation about them Issuer name:			
	<i>Examp</i> □ No		A, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension o	or profit-sharing plans	
	■ Yes.	List each account s	eparately.  Type of account:	Institution name:		
				401(k) with Entertainment One		\$28,864.28
				Roth IRA with E*Trade		\$1,075.55
22.	Your sl Examp		deposits you have made so	that you may continue service or use from a cor public utilities (electric, gas, water), telecommuni		ners
	■ No □ Yes.			Institution name or individual:		
	Annuiti ■ No	ies (A contract for a	a periodic payment of mone	ey to you, either for life or for a number of years)		
	☐ Yes	Issu	er name and description.			
			<b>IRA, in an account in a q</b> 9A(b), and 529(b)(1).	ualified ABLE program, or under a qualified s	tate tuition program.	
	■ No □ Yes	Instit	tution name and description	n. Separately file the records of any interests.11 l	U.S.C. § 521(c):	
	Trusts, ■ No	, equitable or futur	e interests in property (o	ther than anything listed in line 1), and rights	or powers exercisable f	for your benefit
	☐ Yes.	Give specific inform	mation about them			
	Ехатр			nd other intellectual property ds from royalties and licensing agreements		
	■ No □ Yes	Give specific inform	nation about them			

Del	btor 1	Joseph P. Nolan		Case number (if known)	
_		es, franchises, and other general intar les: Building permits, exclusive licenses		us, liquor licenses, professional licenses	
[	☐ Yes.	Give specific information about them			
Мо	ney or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
I	No	unds owed to you  Give specific information about them, inc	sluding whether you already filed	the returns and the tax years	
•	<b>_</b> 100. \	sive opeome information about them, inc	nading whether you already med	the retains and the tax years	
ı	Examp ■ No	support les: Past due or lump sum alimony, spor	usal support, child support, main	tenance, divorce settlement, property se	ettlement
_		mounts someone owes you les: Unpaid wages, disability insurance p benefits; unpaid loans you made to		k pay, vacation pay, workers' compensa	ation, Social Security
_		Give specific information			
_	Examp	s in insurance policies les: Health, disability, or life insurance; h	nealth savings account (HSA); cr	edit, homeowner's, or renter's insurance	•
_	■ No □ Yes. N	Name the insurance company of each po Company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
_	If you a	erest in property that is due you from re the beneficiary of a living trust, expec ne has died.		policy, or are currently entitled to receiv	e property because
_	■ No □ Yes.	Give specific information			
_	Examp	against third parties, whether or not les: Accidents, employment disputes, in	you have filed a lawsuit or mad surance claims, or rights to sue	de a demand for payment	
	■ No □ Yes.	Describe each claim			
_	Other c	ontingent and unliquidated claims of	every nature, including count	erclaims of the debtor and rights to s	et off claims
_		Describe each claim			
_	Any fina ■ No	ancial assets you did not already list			
		Give specific information			
36.		ne dollar value of all of your entries fr rt 4. Write that number here			\$30,641.96
Par	t 5: Des	cribe Any Business-Related Property You	Own or Have an Interest In. List ar	ny real estate in Part 1.	
37.	Do you o	wn or have any legal or equitable interest	in any business-related property?		
	No. Go				
	J Yes. G	o to line 38.			

Debto	or 1		Case number (if known)	
Part 6	Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46. <b>D</b> o	o you own or have any legal or equitable interest in any farm	- or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	o you have other property of any kind you did not already lis	t?		
	Examples: Season tickets, country club membership			
ш	Yes. Give specific information			
54 4	Add the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
01. 2	taa iio aciiai talac ci ali ci year ciialec iiolii taltii iiilio ii	nat nambor noto mini		Ψ0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>F</b>	Part 1: Total real estate, line 2			\$185,000.00
56. <b>F</b>	Part 2: Total vehicles, line 5	\$2,299.00		
57. <b>F</b>	Part 3: Total personal and household items, line 15	\$3,750.00		
58. <b>F</b>	Part 4: Total financial assets, line 36	\$30,641.96		
59. <b>F</b>	Part 5: Total business-related property, line 45	\$0.00		
60. <b>F</b>	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>F</b>	Part 7: Total other property not listed, line 54	+ \$0.00		
62. <b>1</b>	Total personal property. Add lines 56 through 61	\$36,690.96	Copy personal property total	\$36,690.96
63 <b>1</b>	Total of all property on Schedule A/B. Add line 55 + line 62			\$221 690 96

Fil	Il in this infor	nation to identify your cas	e:			
	ebtor 1	Joseph P. Nolan				
_		First Name	Middle Name	L	ast Name	
	ebtor 2 oouse if, filing)	First Name	Middle Name	L	ast Name	
Un	nited States Ba	nkruptcy Court for the: E	ASTERN DISTRICT OF NE	EW Y	ORK	
Ca	ase number	_				
	(nown)					☐ Check if this is an amended filing
$\bigcirc$	fficial Fo	rm 106C				
		e C: The Prop	erty You Cla	im	as Exempt	4/19
the nee	property you I	isted on <i>Schedule A/B: Prop</i> d attach to this page as mar	erty (Official Form 106A/B)	as yo	our source, list the property that you	or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
spe any fun exe	ecific dollar and	nount as exempt. Alternat tatutory limit. Some exemp inlimited in dollar amount.	ively, you may claim the f otions—such as those for However, if you claim an	ull fai heal exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement the under a law that limits the t, your exemption would be limited
Pa	rt 1: Identi	fy the Property You Claim	as Exempt			
1.	Which set o	f exemptions are you clain	ning? Check one only, eve	n if yo	our spouse is filing with you.	
	You are c	aiming state and federal nor	nbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are cl	aiming federal exemptions.	11 U.S.C. § 522(b)(2)			
2.	For any prop	perty you list on Schedule	A/B that you claim as exe	empt,	fill in the information below.	
		Brief description of the property and line on Schedule A/B that lists this property  Current value of the property Amount of the exemption you claim portion you own		Specific laws that allow exemption		
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		4th Street Deer Park, N	Y \$185,000.00		\$74,716.56	NYCPLR § 5206
		folk County hedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2008 BMW non-operal	328 120,000 miles	\$2,299.00		\$2,299.00	Debtor & Creditor Law § 282(1)
		hedule A/B: <b>3.1</b>			100% of fair market value, up to any applicable statutory limit	202(1)
		ehold contents	\$2,500.00		\$2,500.00	NYCPLR § 5205(a)(5)
					100% of fair market value, up to any applicable statutory limit	
		omputers, cellphone	\$550.00		\$550.00	NYCPLR § 5205(a)(5)
	56 00				100% of fair market value, up to any applicable statutory limit	
	clothing	hedule A/B: <b>11.1</b>	\$500.00		\$500.00	NYCPLR § 5205(a)(5)
	LINE HOIN SC	neuule A/D. 11.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

De	ebtor 1 Joseph P. Nolan			Case number (if known)	
	Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own			Specific laws that allow exemption
	wedding band Line from Schedule A/B: 12.1	\$200.00	•	\$200.00	NYCPLR § 5205(a)(6)
	Line Hotti Schedule PAB. 12.1			100% of fair market value, up to any applicable statutory limit	
	401(k) with Entertainment One Line from Schedule A/B: 21.1	\$28,864.28		\$28,864.28	Debtor & Creditor Law § 282(2)(e)
L	Line Horr Schedule AVB. 2111			100% of fair market value, up to any applicable statutory limit	202(2)(0)
	Roth IRA with E*Trade Line from Schedule A/B: 21.2	\$1,075.55		\$1,075.55	Debtor & Creditor Law § 282(2)(e)
	Line from Scredule PVB. 21.2			100% of fair market value, up to any applicable statutory limit	202(2)(6)
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No	ry 3 years after that for ca	ases fi	•	,
	Yes. Did you acquire the property cov	ered by the exemption wi	ithin 1	,215 days before you filed this case	?
	☐ Yes				

Debtor 1	Joseph P. Nolar	Niddle Name Last Name			
Debtor 2	i iist ivaine	Middle Name			
(Spouse if, filing)	First Name	Middle Name Last Name			
United States I	Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK			
Case number					
(if known)					if this is an led filing
				amend	ieu illing
Official Fo	rm 106D				
Schedul	e D: Creditors	Who Have Claims Secured	by Propert	V	12/15
	the Additional Page, fill it o	f two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
. Do any credito	ors have claims secured by	your property?			
☐ No. Che	eck this box and submit th	nis form to the court with your other schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fil	I in all of the information b	pelow.			
Part 1: List	All Secured Claims				
		nore than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. I	f more than one creditor has	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion
for each claim. I much as possible	f more than one creditor has	a particular claim, list the other creditors in Part 2. As			
for each claim. I much as possible	f more than one creditor has e, list the claims in alphabetic One Bank USA	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA  Creditor's N  4851 Cc	f more than one creditor has e, list the claims in alphabetic One Bank USA ame	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.	Do not deduct the value of collateral.	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Cc Glen Al	f more than one creditor has e, list the claims in alphabetic One Bank USA ame  ox Road Ien, VA 23060	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent	Do not deduct the value of collateral.	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Cc Glen Al	f more than one creditor has e, list the claims in alphabetic One Bank USA ame	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	Do not deduct the value of collateral.	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Cc Glen Al Number, Str	f more than one creditor has e, list the claims in alphabetic One Bank USA ame  ox Road Ien, VA 23060	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent	Do not deduct the value of collateral.	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Co Glen Al Number, Str  Who owes the	f more than one creditor has e, list the claims in alphabetic One Bank USA  ame  Ox Road Ien, VA 23060  eet, City, State & Zip Code  debt? Check one.	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	Do not deduct the value of collateral. \$6,237.86	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Cacino Glen Al Number, Str  Who owes the Debtor 1 only Debtor 2 only	f more than one creditor has e, list the claims in alphabetic One Bank USA  ame  Ox Road Ien, VA 23060  eet, City, State & Zip Code  debt? Check one.	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or sec car loan)	Do not deduct the value of collateral. \$6,237.86	that supports this claim	portion If any
for each claim. I much as possible  2.1 Capital NA Creditor's N  4851 Cc Glen Al Number, Str  Who owes the Debtor 1 only Debtor 2 only Debtor 1 and	f more than one creditor has e, list the claims in alphabetic One Bank USA  ame  Ox Road Ien, VA 23060  eet, City, State & Zip Code  debt? Check one.	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or sec car loan)  Statutory lien (such as tax lien, mechanic's lien)	Do not deduct the value of collateral. \$6,237.86	that supports this claim	portion If any
2.1 Capital NA Creditor's N  4851 Co Glen AI Number, Str  Who owes the Debtor 1 only Debtor 2 only Debtor 1 and At least one of	f more than one creditor has e, list the claims in alphabetic.  One Bank USA  ame  OX Road  Jen, VA 23060  eet, City, State & Zip Code  debt? Check one.  Debtor 2 only of the debtors and another is claim relates to a	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  319 West 24th Street Deer Park, NY 11729 Suffolk County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or sec car loan)	Do not deduct the value of collateral. \$6,237.86	that supports this claim	portion If any

Official Form 106D

Debtor 1 Joseph P. Nolan		Case number (if known)		
First Name Middle N	ame Last Name			
2.2 Mr. Cooper	Describe the property that secures the claim:	\$220,566.88	\$370,000.00	\$0.00
Creditor's Name	319 West 24th Street Deer Park, NY 11729 Suffolk County			
8950 Cypress Waters Blvd Coppell, TX 75019	As of the date you file, the claim is: Check all that apply.  Contingent	J		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.  Debtor 1 only	☐ Disputed  Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)	oodiiod		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,		
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgag	е		
Date debt was incurred	Last 4 digits of account number 846	4		
•	column A on this page. Write that number here:	\$226,804.	74	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$226,804.	74	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an t you listed in Part 1, list the additional creditors I nis page.	d then list the collection agen	ncy here. Similarly, if you h	ave more
Name, Number, Street, City, State & Rubin & Rothman LLC 1787 Veterans Highway		which line in Part 1 did you enter	r the creditor? _2.1_	
Islandia, NY 11749				

Fill in this in	nformation to identify your	case:					
Debtor 1	Joseph P. Nolan						
Dobtor 1	First Name	Middle Name	9	Last Name			
Debtor 2							
(Spouse if, filing	) First Name	Middle Name	e	Last Name			
United State	es Bankruptcy Court for the:	EASTERN DIS	STRICT OF NE	W YORK			
Case numbe	er						
(if known)							Check if this is an
							amended filing
Official E	orm 106E/F						
	e E/F: Creditors W	ha Haya H	lncoouro	d Claima			12/15
						creditors with NONPRIORITY cla	
Schedule D: C left. Attach the name and cas	Creditors Who Have Claims Sect e Continuation Page to this pag ee number (if known).	ured by Property. e. If you have no i	If more space information to r	s needed, copy	the Part y	itors with partially secured claim you need, fill it out, number the e e that Part. On the top of any add	ntries in the boxes on the
	ist All of Your PRIORITY Un						
	reditors have priority unsecured	d claims against y	ou?				
■ No. G	o to Part 2.						
☐ Yes.							
Part 2: L	ist All of Your NONPRIORIT	Y Unsecured CI	laims				
3. Do any c	reditors have nonpriority unsec	ured claims agair	nst you?				
□ No. Yo	ou have nothing to report in this pa	art. Submit this forr	n to the court wi	th your other sche	edules.		
Yes.							
unsecure	d claim, list the creditor separately	for each claim. Fo	or each claim list	ed, identify what t	type of cla	ach claim. If a creditor has more th aim it is. Do not list claims already ir npriority unsecured claims fill out th	cluded in Part 1. If more
							Total claim
4.1 <b>Am</b>	ex	La	ast 4 digits of a	count number	9553		\$1,480.00
	oriority Creditor's Name		J				
_	Box 297871	W	hen was the de	bt incurred?	2015		_
	t Lauderdale, FL 33329 ber Street City State Zip Code		s of the date vo	u file, the claim	is: Check	all that apply	
	incurred the debt? Check one.		, c uuto , c	, o.a	iei onook	an that apply	
	Debtor 1 only		Contingent				
	Debtor 2 only		I Unliquidated				
	Debtor 1 and Debtor 2 only		Disputed				
_	at least one of the debtors and and	_	•	ORITY unsecure	d claim:		
-	theck if this claim is for a comm	-	Student loans				
debt			_	sing out of a sena	aration an	reement or divorce that you did not	
Is th	e claim subject to offset?		port as priority c				
■ N	No		Debts to pension	on or profit-sharin	ng plans, a	and other similar debts	
ΠY	'es		Other. Specify	credit card			
			=		-		

Official Form 106 E/F

Debte	or 1 Joseph P. Nolan		Case number (if known)	
4.2	Cavalry Portfolio Serv	Last 4 digits of account number	3940	\$891.78
	Nonpriority Creditor's Name 7 Skyline Dr Ste 3 Hawthorne, NY 10532	When was the debt incurred?	2017	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify credit card		
4.3	EOS CCA	Last 4 digits of account number	5889	\$252.00
	Nonpriority Creditor's Name			
	PO Box 5012 Norwell. MA 02061-5012	When was the debt incurred?	2018	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other Specify consumer of	debt; original credtor Verizon	
4.4	Good Samaritan Hospital	Last 4 digits of account number	1104	\$995.53
7.7	Nonpriority Creditor's Name			φ993.33
	PO Box 95000-6520	When was the debt incurred?	2018	
	Philadelphia, PA 19195-6520  Number Street City State Zip Code	As of the date you file, the claim i		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	or one on an anat apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐Yes	Other. Specify medical de	bt	

Official Form 106 E/F

Debtor	Joseph P. Nolan	Case number (if known)				
4.5	Midland Financial LLC	Last 4 digits of account number	8785	\$5,154.00		
	Nonpriority Creditor's Name 227 W Trade Street Suite 1610	When was the debt incurred?	2017			
	Charlotte, NC 28202  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify credit card				
4.6	Midland Financial LLC	Last 4 digits of account number	7771	\$1,695.00		
	Nonpriority Creditor's Name 227 W Trade Street Suite 1610	When was the debt incurred?	2017			
	Charlotte, NC 28202  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify credit card				
4.7	Midland Funding LLC  Nonpriority Creditor's Name	Last 4 digits of account number	4345	\$7,252.38		
	8875 Aero Drive Suite 200 San Diego, CA 92123	When was the debt incurred?	2017			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	•			
	☐ Yes	■ Other. Specify credit card	; original creditor Lowes			

Official Form 106 E/F

Debto	<sup>1</sup> Joseph P. Nolan	Case number (if known)				
4.8	Novasom	Last 4 digits of account number	3654	\$50.00		
	Nonpriority Creditor's Name  Dept CH 17169	When was the debt incurred?	2018			
	Palatine, IL 60055-7169  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	•				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify medical del	bt			
4.9	Portfolio Recovery Assoc	Last 4 digits of account number	2373	\$14,725.26		
	Nonpriority Creditor's Name c/o US Bank/REI	When was the debt incurred?				
	120 Corporate Blvd Suite 1					
	Norfolk, VA 23502	_				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	<u>_</u>				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	L.L.L.			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	i claim:			
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify credit card				
4.1	The Bureaus Inc	Last 4 digits of account number	9439	\$5,377.00		
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ3,377.00		
	1717 Central Street	When was the debt incurred?	2017			
	Evanston, IL 60204					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d claim:			
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify credit card	· · · · · · · · · · · · · · · · · · ·			
	_ 100	- Other. Specify				

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Joseph P. Nolan		Case number (if known)
Atlantic Credit & Finance 2727 Franklin Road SW Roanoke, VA 24014	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Rodiloke, VA 24014	Last 4 digits of account number	
Name and Address Convergent Outsourcing 500 SW 7th Street Renton, WA 98055	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number	
Name and Address Grossman&Karaszewski PLLC 5965 Transit Road Suite 500 East Amherst, NY 14051	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one):  Last 4 digits of account number	/ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	01	On the state of	01		Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	37,872.95
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	37,872.95

Fill in this infor	mation to identify your	case:		
Debtor 1	Joseph P. Nolan			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Official Form 106G

Fill in this	information to identify your	case:			
Debtor 1	Joseph P. Nolan				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
our name	nd number the entries in the and case number (if known you have any codebtors? (if	). Answer every question			of any Additional Pages, write
50	you have any obaction (ii	you are ming a joint oase,	do not not citator opodoc	do a codebior.	
■ No					
☐ Yes	3				
Arizon	hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		states and territories include
3. In Col in line Form	umn 1, list all of your codeb 2 again as a codebtor only	tors. Do not include your if that person is a guaran	spouse as a codebto	sure you have listed the	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	itor to whom you owe the debt that apply:
24				Ochodul D. P	
3.1	Name			_ ☐ Schedule D, line ☐ Schedule E/F, lin	
				☐ Schedule E, line	e
=	N 1			— Concadio C, inic	
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, lin	<u></u>
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

							_				
Fill	in this information to identify your	case:									
Del	btor 1 Joseph P.	Nolan									
	btor 2 buse, if filing)										
Uni	ited States Bankruptcy Court for the	ne: EASTERN DISTRICT	OF NEV	V YORK							
(If kr	se number		-						ed filing ent show	ving postpetition a following date:	chapter
_	fficial Form 106l						1	MM / DD/ Y	YYYY		
S	chedule I: Your Inc	come									12/15
spo atta	plying correct information. If you see. If you are separated and youch a separate sheet to this form  It 1: Describe Employment  Fill in your employment	our spouse is not filing w n. On the top of any additi	ith you, o	do not inclu jes, write yo	de infor	mati	on abou	it your spo umber (if	ouse. If i known).	more space is i Answer every	needed,
	information.		Debto							-filing spouse	
	If you have more than one job, attach a separate page with	Employment status		ployed				■ Employed			
	information about additional		☐ Not	employed				☐ Not employed			
	employers.	Occupation	Digita	al Media C	oordina	tor		Sales			
	Include part-time, seasonal, or self-employed work.	Employer's name	Enter	tainment (	One US	LP		Luxotic	a		
	Occupation may include studen or homemaker, if it applies.	t Employer's address		rbor Park Washingto		105	0	12 Hark Port Wa		k Drive ton, NY 11050	)
		How long employed t	here?	8 years	3			_8	years		
Par	rt 2: Give Details About M	onthly Income									
spou If yo	imate monthly income as of the use unless you are separated. but or your non-filing spouse have the space, attach a separate sheet	more than one employer, co		_				r that perso	on the		
							1 01 00	JULIO I		filing spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly				2.	\$	3	3,395.60	\$	5,670.63	
3.	Estimate and list monthly over	ertime pay.			3.	+\$		0.00	+\$_	0.00	
4.	Calculate gross Income. Add	line 2 + line 3.			4.	\$	3,3	95.60	\$	5,670.63	

Official Form 106I Schedule I: Your Income page 1

Debte	or 1	Joseph P. Nolan	_	Case numbe	r (if known)			
				For Debte	or 1		otor 2 or ng spouse	
	Cop	y line 4 here	4.	\$ 3	,395.60	\$	5,670.63	
5.	l ict	all payroll deductions:						
J.			Fo	œ	050.05	œ	4 000 00	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$ \$	652.05 0.00	\$	1,393.89	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	283.54	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	235.55	
	5e.	Insurance	5e.	\$	359.74	\$	301.67	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$1	,011.79	\$	2,214.65	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2	2,383.81	\$	3,455.98	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		*	0.00	*		
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10	Cala	sulate manthly income. Add line 7 , line 0	10 6	2 202	.81 + \$	2.455	.98 = \$	F 020 70
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.   \$	2,383	<b>.81</b> + \$_	3,455	.98 = \$	5,839.79
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depen			ed in <i>Sche</i>	edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies				, if it	12. \$	5,839.79
							Combine	
13.	Do y	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?				monthly	income

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Joseph P. Nolan		Chec	ck if this is:	
	otor 2 puse, if filing)			An amended filing A supplement show 13 expenses as of	ving postpetition chapter
` .	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	OPK	-	MM / DD / YYYY	
		ORK		IVIIVI / DD / TTTT	
	e number nown)				
	fficial Form 106J				
	chedule J: Your Expenses	a filipa tagathar ha	ath are are	ally recognished fo	12/15
info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.	form. On the top of	any addition	onal pages, write y	our name and case
Par 1.	t 1: Describe Your Household Is this a joint case?				
1.	■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House.	hold of Deb	tor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	daughter		11 months	□ No ■ Yes
	aspondono namos.				□ No
					☐ Yes ☐ No
					☐ No ☐ Yes
					□ No
3.	Do your expenses include ■ No			_	☐ Yes
Э.	expenses of people other than yourself and your dependents?				
Est	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
the	lude expenses paid for with non-cash government assistance invalue of such assistance and have included it on Schedule I: Yeficial Form 106I.)			Your expe	enses
,	,				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$	S	2,292.84
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	3	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	<ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>		4c. \$ 4d. \$		125.00 0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5. §		0.00

Debtor 1	Joseph F	P. Nolan	Case num	ber (if known)	
. Utili	ities:				
. <b>O</b> tili 6a.		heat, natural gas	6a.	\$	470.00
6b.	-	ver, garbage collection	6b.	· · · · · · · · · · · · · · · · · · ·	30.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.		425.00
6d.	Other. Spe	· · · · · · · · · · · · · · · · · · ·	6d.	\$	0.00
		ekeeping supplies	od. 7.	\$	
				·	650.00
		hildren's education costs	8.	\$	0.00
	-	ry, and dry cleaning	9.	\$	180.00
	-	roducts and services	10.	\$	120.00
		ntal expenses	11.	\$	50.00
		Include gas, maintenance, bus or train fare.	12.	\$	360.00
	not include ca	ar payments. clubs, recreation, newspapers, magazines, and		\$	
				·	95.00
		ributions and religious donations	14.	\$	0.00
	urance.	auranaa daduatad fram yayr nay ar inalydad in lina	4 0 7 20		
	not include in . Life insura	surance deducted from your pay or included in line	s 4 or 20. 15a.	¢	0.00
				·	0.00
	. Health ins		15b.	·	0.00
	. Vehicle ins		15c.	· -	330.00
		rance. Specify:	15d.	\$	0.00
		clude taxes deducted from your pay or included in I		<b>c</b>	
•	ecify:		16.	\$	0.00
		ease payments:	47-	•	101.00
	' '	ents for Vehicle 1	17a.	· ·	424.98
		ents for Vehicle 2	17b.	·	0.00
		ecify: spouse's student loan	17c.	\$	598.30
	. Other. Spe		17d.	\$	0.00
		of alimony, maintenance, and support that you		¢	0.00
ded	lucted from y	your pay on line 5, Schedule I, Your Income (Off	cial Form 106l). 18.		
		you make to support others who do not live wi		\$	0.00
	ecify:		19.		
		erty expenses not included in lines 4 or 5 of this			
		s on other property	20a.		0.00
	. Real estat		20b.	·	0.00
		nomeowner's, or renter's insurance	20c.	· ·	0.00
20d	. Maintenan	ce, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeown	er's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:	Baby expenses (diapers, formula, etc)	21.	+\$	300.00
		nonthly expenses			
	. Add lines 4	<del>-</del>		\$	6,451.12
		2 (monthly expenses for Debtor 2), if any, from Office	ial Form 106J-2	\$	
22c.	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	6,451.12
0-1	ouloto ver-	monthly not income			
	-	monthly net income.	1 00-	¢	E 000 70
		12 (your combined monthly income) from Schedule		·	5,839.79
23b	. Copy your	monthly expenses from line 22c above.	23b.	- <b>\$</b>	6,451.12
00	Cultura	and the same and t			
23C.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	-611.33
	rne result	is your monuniy net income.	250.	T	3
4 Do	VOII expect a	an increase or decrease in your expenses within	the year after you file this	form?	
For	example, do vo	bu expect to finish paying for your car loan within the year o	r do you expect your mortaage	payment to increase	or decrease because of a
		terms of your mortgage?	,		
	No				
	NO.				

Fill in this info	ormation to identify your	case:			
Debtor 1	Joseph P. Nolan				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					Check if this is an amended filing
	rm 106Dec		_		
Declara	ation About a	ın Individual	<b>Debtor's Scl</b>	nedules	12/15
	ign Below pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	unkruptcy forms?	
■ No					
☐ Yes.	. Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	with this declaration	and
X /s/ Jo	oseph P. Nolan		X		
	ph P. Nolan ture of Debtor 1		Signature of D	Pebtor 2	
Date	April 15, 2019		Date		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

Fill	in this infor	mation to identify you	case:			
	otor 1	Joseph P. Nolan				
0.	3.01 1	First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
		ankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Oili	ieu States Da	ankruptcy Court for the.	EASTERN DISTRICT OF	NEW TORK		
	se number nown)				_	Check if this is an amended filing
Of	ficial Fo	orm 107				
Sta	atemen	t of Financial	Affairs for Indivi	duals Filing for B	ankruptcy	4/19
info num	rmation. If r	nore space is needed, n). Answer every ques	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup y additional pages, write yo	
	-		rital Status and Where You	Lived Before		
1.	What is you	ır current marital statu	s?			
	■ Married Not ma	-				
2.	During the	last 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you li	ved in the last 3 years. Do n	ot include where you live nov	٧.	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
<b>3.</b> state					nity property state or territor ico, Texas, Washington and V	
	■ No □ Yes. M	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H)		
		and dand you iiii dan dan	cuaro i in i cun coucatore (e			
Par	t 2 Expla	in the Sources of You	r Income			
4.	Fill in the to	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including part to together, list it only once ur		ndar years?
	□ No ■ Ves F	ill in the details.				
	- 165.F	iii iii tile uetalls.				
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		l of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$11,371.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Joseph P. Nolan			Case number (if known)				
		Debtor 1		Debtor 2			
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply			
For last calenda (January 1 to De	r year: ecember 31, 2018)	■ Wages, commissions, bonuses, tips	\$33,105.00	☐ Wages, commiss bonuses, tips	sions,		
		☐ Operating a business		☐ Operating a busi	ness		
	year before that: ecember 31, 2017)	■ Wages, commissions, bonuses, tips	\$59,260.00	☐ Wages, commiss bonuses, tips	sions,		
		Operating a business		☐ Operating a busi	ness		
winnings. If y  List each sou	ou are filing a joint cas	se and you have income that your from each source separate	ou received together, list it o	nly once under Debtor			
		Debtor 1		Debtor 2			
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)		
For last calenda (January 1 to De	r year: ecember 31, 2018 )	Disability	\$2,173.00				
<u> </u>	· ,						
Part 3: List Co	ertain Payments You	Made Before You Filed for I	Bankruptcy		·		
□ No. <b>N</b>	either Debtor 1 nor [	ests debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol	imer debts. Consumer debts	are defined in 11 U.S	c.C. § 101(8) as "incurred by an		
		ore you filed for bankruptcy, di	d you pay any creditor a total	of \$6,825* or more?			
	No. Go to line 7						
	paid that cr not include	each creditor to whom you pai reditor. Do not include paymen payments to an attorney for th it on 4/01/22 and every 3 years	nts for domestic support obligations bankruptcy case.	ations, such as child s	support and alimony. Also, do		
_		• •		or anor the date or day	douners.		
		or both have primarily consu ore you filed for bankruptcy, di		of \$600 or more?			
	No. Go to line 7						
l	include pay	each creditor to whom you pai ments for domestic support ol r this bankruptcy case.			paid that creditor. Do not , do not include payments to an		
Creditor's N	lame and Address	Dates of payme	nt Total amount	Amount you Wa	as this payment for		

Debtor 1	Joseph P. Nolan		Cas	e number (if known)		
<i>Insid</i> of w	nin 1 year before you filed for bankrupteders include your relatives; any general pahich you are an officer, director, person in siness you operate as a sole proprietor. 1 ony.	artners; relatives of any gene control, or owner of 20% or	eral partners; partners more of their voting	erships of which you g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one fo
	No Yes. List all payments to an insider.					
Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
insi	nin 1 year before you filed for bankruptoder? ude payments on debts guaranteed or cos		nents or transfer a	ansfer any property on account of		ebt that benefited an
	Yes. List all payments to an insider					
Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Part 4:	Identify Legal Actions, Repossession	ns, and Foreclosures				
	all such matters, including personal injury lifications, and contract disputes.  No  Yes. Fill in the details.	cases, small claims actions	, divorces, collectio	n suits, paternity a	ctions, support	t or custody
	se title se number	Nature of the case	Court or agency		Status of the case	
aga Jos	valry SPV I, LLC ainst seph Nolan /-006032-18/CE	collections	First District County	ourt, Suffolk	■ Pending □ On appe □ Conclude	al
	nin 1 year before you filed for bankruptock all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?
	editor Name and Address	Describe the Property		Date		Value of the
		Explain what happened				property
	nin 90 days before you filed for bankrup ounts or refuse to make a payment bec No Yes. Fill in the details.		uding a bank or fir	nancial institution	, set off any a	mounts from your
Cre	editor Name and Address	Describe the action the	creditor took	Date a	action was	Amount
	nin 1 year before you filed for bankrupt rt-appointed receiver, a custodian, or a		rty in the possess			efit of creditors, a
	No Yes					

Official Form 107

Deb	otor 1 Joseph P. Nolan	Case number	(if known)				
Par	15: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No  □ Yes. Fill in the details for each gift.						
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value			
	per person	· ·	the gifts				
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No						
	Yes. Fill in the details for each gift or cont		_				
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Il Describe what you contributed	Dates you contributed	Value			
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankrupto or gambling?	ey or since you filed for bankruptcy, did you lose anyt	thing because of thef	t, fire, other disaster,			
	■ No □ Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred	escribe any insurance coverage for the loss	Date of your	Value of property			
	in	clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	loss	lost			
Par	17: List Certain Payments or Transfers						
	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.						
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	David I. Pankin, P.C. 48 Willoughby Street Brooklyn, NY 11201-5202	Attorney Fees	11/2018 - 12/2018	\$1,800.00			
	info@pankinlaw.com		or transfer any prope  Date payment or transfer was	rty to anyone who  Amount of			

Debtor 1 Joseph P. Nolan

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not							
	include gifts and  No	include gifts and transfers that you have already listed on this statement.						
	☐ Yes. Fill in t							
	Person Who R Address	eceived Transfer	Description and v		payme	be any property or ents received or debts n exchange	Date transfer was made	
	Person's relati	Person's relationship to you				J		
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No							
	☐ Yes. Fill in t	the details.						
	Name of trust		Description and v	Description and value of the property transferred			Date Transfer was made	
		rtain Financial Accounts, In	•	•	•		our benefit. closed.	
	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No							
	_	the details.						
	Name of Financial Institution and		Last 4 digits of account number	· ,,		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it?  Address (Number, Street, City, State and ZIP Code)		Describe t	the contents	Do you still have it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in	the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)		to it?	to it? Address (Number, Street, City,		the contents	Do you still have it?	
Par	t 9: Identify P	roperty You Hold or Contro	I for Someone Else					
23.		control any property that so		ude any propert	y you borr	owed from, are storing f	or, or hold in trust	
	■ No □ Yes. Fill in	the details.						
	Owner's Name Address (Number	er, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	the property	Value	
Par	t 10: Give Deta	ils About Environmental Inf	formation					

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Debtor 1 Joseph P. Nolan

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
	Site means any location, facility, or property to own, operate, or utilize it, including dispos		law, whether you now own, operate,	or utilize it or used						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort all notices, releases, and proceedings that	t you know about, regardless of wher	n they occurred.							
24.	. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
25.	Have you notified any governmental unit of a	ny release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Date of notice								
26.	Have you been a party in any judicial or admi	inistrative proceeding under any envi	ronmental law? Include settlements	and orders.						
	■ No									
	Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	11: Give Details About Your Business or C	onnections to Any Business								
27.	Within 4 years before you filed for bankruptc	y, did you own a business or have ar	y of the following connections to any	y business?						
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time							
	☐ A member of a limited liability compa	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	■ No. None of the above applies. Go to Part 12.									
	☐ Yes. Check all that apply above and fill i	n the details below for each business	<b>S.</b>							
	Business Name Address	Describe the nature of the business	Employer Identification numbe							
		Name of accountant or bookkeeper	Do not include Social Security number or ITIN.  Dates business existed							
28.	Within 2 years before you filed for bankruptc institutions, creditors, or other parties.	y, did you give a financial statement	to anyone about your business? Incl	ude all financial						
	■ No □ Yes. Fill in the details below.									
	Name Date Issued Address									
	(Number, Street, City, State and ZIP Code)									

Debtor	Joseph P. Nolan		Case number (if known)
Part 12	2: Sign Below		
are true	e and correct. I understand	that making a false statement, concealing prop in fines up to \$250,000, or imprisonment for up	nts, and I declare under penalty of perjury that the answers perty, or obtaining money or property by fraud in connection to 20 years, or both.
/s/ Jo	seph P. Nolan		
	oh P. Nolan ture of Debtor 1	Signature of Debtor 2	
Date	April 15, 2019	Date	
Did you ■ No □ Yes	u attach additional pages to	Your Statement of Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
Did you ■ No	u pay or agree to pay somed	one who is not an attorney to help you fill out b	ankruptcy forms?
☐ Yes.	Name of Person Atta	ach the Bankruptcy Petition Preparer's Notice, Dec	claration, and Signature (Official Form 119).

Fill in this inform	mation to identify your	case:		
Debtor 1	Joseph P. Nolan			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTR	ICT OF NEW YORK	
Case number _				☐ Check if this is an
				amended filing
Official Fo	rm 108			
		n for Indiv	iduals Filing Under Chap	oter 7
Statemen	it of intentio	ii ioi iiiaiv	riduals I lillig Officer Chap	12/15
If you are an indi	ividual filing under cha	oter 7, you must fil	l out this form if:	
	e claims secured by yo			
■ you have leas	sed personal property a	nd the lease has n	ot expired.	
	ever is earlier, unless th		you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	eople are filing together	in a joint case, bo	th are equally responsible for supplying correc	et information. Both debtors must
sign an	id date the form.			
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this form.	On the top of any additional pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims		
		art 1 of Schedule D	: Creditors Who Have Claims Secured by Prope	erty (Official Form 106D), fill in the
information be Identify the cre	elow. editor and the property the	nat is collateral	What do you intend to do with the property t secures a debt?	hat Did you claim the property as exempt on Schedule C?
Creditor's C	Sapital One Bank US	A NA	☐ Surrender the property.	□No
name:	•		☐ Retain the property and redeem it.	
Description of	319 West 24th Stre	ot Door Park	Retain the property and enter into a	■ Yes
property	NY 11729 Suffolk		Reaffirmation Agreement.  Retain the property and [explain]:	
securing debt:		-	avoid lien using 11 U.S.C. § 522(f)	
Craditaria 14	lu Caanau		По	П.,
Creditor's <b>N</b> name:	Ir. Cooper		<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	□ No
Description of	319 West 24th Stre	et Deer Park	Retain the property and redeem it.  Retain the property and enter into a  Reaffirmation Agreement.	■ Yes
property	NY 11729 Suffolk		Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

retain and pay

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

securing debt:

Lessor's name:  Description of leased Property:  Lessor's name:  Description of leased  I No Description of leased	Debtor 1 Jo	oseph P. Nolan	Case number (if known)	
Description of leased Property:  Lessor's name: Description of leased				
Property:  Lessor's name: Description of leased			[	□ No
Lessor's name:  Description of leased		or leased	,	<b>—</b> Va
Description of leased	r roperty.		l	⊔ Yes
Description of leased	Lessor's name	ne:	ı	□ No
Duran a who	Description of	of leased		
Property:	Property:		I	☐ Yes
La constitución				_
Lessor's name:  Description of leased				∐ No
Property:		n leaseu	[	□ Yes
_ 100				
Lessor's name:			]	□ No
Description of leased		f leased		
Property:	Property:		[	☐ Yes
Lessor's name:	Lessor's name	ue.	ſ	□ No
Description of leased			'	L NO
Property:			I	□ Yes
Lessor's name:			[	□ No
Description of leased		f leased		_
Property:	Property.		l	☐ Yes
Lessor's name:	Lessor's name	ne:	ı	□ No
Description of leased			'	<b>–</b> 110
Property:			]	□ Yes

Jebi	tor 1 Joseph P. Nolan	Case number (if known)
Port	3: Sign Below	
an	J. Sigil Delow	
Inde		ted my intention about any property of my estate that secures a debt and any personal
Inde rop	er penalty of perjury, I declare that I have indica	ted my intention about any property of my estate that secures a debt and any personal
Inde rop	er penalty of perjury, I declare that I have indica erty that is subject to an unexpired lease.	
Inde rop	er penalty of perjury, I declare that I have indica erty that is subject to an unexpired lease. /s/ Joseph P. Nolan	x

Fill in	this information to identify your case:					irected ir	this form and in	Form
Debte	or 1 Joseph P. Nolan		12	2A-1Su	pp:			
Debte				☐ 1. TI	nere is no presi	umption	of abuse	
	se, if filing)			■ 2 TI	ne calculation t	n determ	ine if a presumpt	ion of abuse
Unite	d States Bankruptcy Court for the: Eastern District of	New York					ler <i>Chapter 7 Me</i> a	
Case	number			C	Calculation (Offi	cial Forn	n 122A-2).	
(if knov	vn)						t apply now becar but it could apply	
				☐ Che	eck if this is a	n amen	ded filing	
Offi	cial Form 122A - 1							
Cha	apter 7 Statement of Your Cui	rent Mor	nthly Inc	come	9			12/15
attach case n	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wumber (if known). If you believe that you are exempted frowing military service, complete and file Statement of Exemptate Calculate Your Current Monthly Income	which the addition m a presumption	nal information of abuse becau	applies. ise you	On the top of ar	ny addition narily cor	onal pages, write you	our name and ecause of
	•							
	What is your marital and filing status? Check one or	ıly.						
	<ul><li>☐ Not married. Fill out Column A, lines 2-11.</li><li>☐ Married and your spouse is filing with you. Fill or</li></ul>	ut both Columns	A and D lines	0.44				
	_			2-11.				
	Married and your spouse is NOT filing with you.	•	•					
	Living in the same household and are not lega							
	☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are I living apart for reasons that do not include evading.	egally separated	l under nonbar	nkruptcy	law that applie	es or that		
10° the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total puses own the same rental property, put the income from that property.	nonth period would I by 6. Fill in the res	be March 1 thro sult. Do not inclu	ugh Aug de any ir	ust 31. If the amo	ount of you ore than o	ur monthly income v once. For example, i	aried during f both
				Colum Debto		Colum Debton		
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commissio	ons (before all	\$	2,922.21	\$	6,834.08	
	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	0.00	
	All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	. Include regular d, your depender	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profession,							
			tor 1					
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>						
	Ordinary and necessary operating expenses	0.00	Copy here ->	· \$	0.00	\$	0.00	
	Net monthly income from a business, profession, or far Net income from rental and other real property		оору пого г	Ψ		<b>–</b>		
U.	not moonic from tental and other real property	Deb	tor 1					
	Gross receipts (before all deductions)	\$ 0.00						
	Ordinary and necessary operating expenses	-\$ 0.00						
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	0.00	
7	Interest dividends and royalties			\$	0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

				Column A Debtor 1		Column B Debtor 2 o non-filing		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	efit under	·				
	For you \$	0	.00					
	For your spouse \$	0	0.00					
9.	<b>Pension or retirement income.</b> Do not include any ambenefit under the Social Security Act.	ount received that w	as a	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	ecurity Act or payme nanity, or international	ents al or					
	Disability			\$	362.19	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the Column		\$	3,284.40	+ \$	6,834.08		10,118.48
Part	2: Determine Whether the Means Test Applies to	o You					incom	
12	Calculate your current monthly income for the year	Follow those stops:						
12.	Calculate your current monthly income for the year.			0	lina 44	haua .	•	10 110 10
	12a. Copy your total current monthly income from line 1	1		Cot	by line 11	nere=>	\$	10,118.48
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of the	e form				12b	o. \$1	21,421.76
13.	Calculate the median family income that applies to	ou. Follow these ste	eps:					
	Fill in the state in which you live.	NY						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Fill in the number of people in your household.	3						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link		in the sepai			\$	83,887.00
14.	How do the lines compare?							
	14a.    Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, c	heck box	1, There is	no presun	nption of abus	se.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	2, The pre	esumption c	of abuse is	determined b	y Form 1	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information of	on this sta	atement and	l in any att	achments is to	rue and c	orrect.
	X /s/ Joseph P. Nolan  Joseph P. Nolan  Signature of Debtor 1							
	Date April 15, 2019  MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Forn	n 122A-2.						
	If you checked line 14b fill out Form 122A-2 and fi							

Official Form 122A-1

Joseph P. Nolan

Fill in this information to identify your case:							
Debtor 1	Joseph P. Nolan						
Debtor 2 (Spouse, if filing)							
United States B	ankruptcy Court for the:	Eastern District of New York					
Case number (if known)							

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
1. There is no presumption of abuse.
☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

## Official Form 122A - 2

## **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Copy your total current monthly income. Copy line 11	from Off	icial Form 122	\-1 here=>	\$	10,118.4
Did you fill out Column B in Part 1 of Form 122A-1?					
☐ No. Fill in \$0 for the total on line 3.					
■ Yes. Is your spouse Filing with you?					
■ No. Go to line 3.					
☐ Yes. Fill in \$0 for the total on line 3.					
Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps:	pouse's i	ncome not use	ed to pay for the	•	
On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents?	reported	for your spouse	NOT regularly u	sed for the	household
☐ No. Fill in 0 for the total on line 3.					
■ Yes. Fill in the information below:					
State each purpose for which the income was used	Fil	I in the amount	: you		
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.		e subtracting fr ur spouse's inc			
	•	424.98			
spouse's vehicle payment	_ \$ _				
spouse's vehicle payment spouse's vehicle ownership expense	_ \$	304.00			
	_ \$ _ _ \$ _ _ \$ _	304.00 519.10			
spouse's vehicle ownership expense					
spouse's vehicle ownership expense spouse's retirement contribution and loans	\$	519.10	Copy total here		1,846.3

Official Form 122A-2

Debtor 1	Joseph P. Nolan		Case number	(if known)	
Part 2:	Calculate Your Deductions from Your Income				
to an instru  Dedu  your a	nternal Revenue Service (IRS) issues National and I swer the questions in lines 6-15. To find the IRS stauctions for this form. This information may also be act the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Ene in line 3 and do not deduct any operating expenses the expenses differ from month to month, enter the average	andards, go online available at the bal s of your actual expo not deduct any a hat you subtracted	using the link speci- nkruptcy clerk's officense. In later parts of mounts that you subtr	fied in the separate ce. the form, you will use s acted fro your spouse's	ome of
•	never this part of the from refers to you, it means both you		if Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your dec	ductions from inco	me		
1	Fill in the number of people who could be claimed as explus the number of any additional dependents whom youthe number of people in your household.	emptions on your four support. This nun	ederal income tax retunber may be different	urn, from 3	
Natio	onal Standards You must use the IRS National	al Standards to ansv	ver the questions in lii	nes 6-7.	
7. ·	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The nurpeople who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional standards.	d other items.  per of people you enter of people is special and items.	ntered in line 5 and the lit into two categories ance for health care c	\$ e IRS National Standar people who are under	65 and
Peop	le who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$ 52.00	_		
	7b. Number of people who are under 65	X <u>3</u>			
	7c. Subtotal. Multiply line 7a by line 7b.	\$ <u>156.00</u>	Copy here=	» \$ <u>156.00</u>	
Peop	le who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$114.00	-		
	7e. Number of people who are 65 or older	X0			
•	7f. <b>Subtotal.</b> Multiply line 7d by line 7e.	\$ 0.00	Copy here=	-> +\$	
	7g. T <b>otal.</b> Add line 7c and line 7f		\$156.00_	Copy total here=	> \$156.00

Debtor 1	J	oseph P	. Nolan					Case number	(if known)			
Loc	al St	andards	You mus	st use the IRS Local	l Standards to ans	swer the	questions in lin	nes 8-15.				
				the IRS, the U.S. Itwo parts:	Trustee Program	n has div	ided the IRS L	₋ocal Stand	ard for ho	using for		
<b>■</b> F	lous	ing and u	tilities - Iı	nsurance and oper	rating expenses							
<b>=</b> +	lous	ing and u	tilities - N	lortgage or rent ex	cpenses							
To a	answ	er the qu	estions ir	n lines 8-9, use the	U.S. Trustee Pro	ogram c	hart.					
				sing the link specificable at the bankrupt		instruct	ions for this for	m.				
8.				Insurance and oped for your county for								736.00
9.	Ηοι	using and	utilities -	Mortgage or rent	expenses:							
	9a.			of people you enter nty for mortgage or r					\$	2,424.00		
	9b.	Total ave	erage mor	nthly payment for all	mortgages and o	ther deb	ots secured by y	our home.				
		contracti	ually due t	tal average monthly o each secured cred en divide by 60.								
		Name of	the credit	or		Averag	ge monthly ent					
		Mr. Co	oper			\$	2,292.84					
				Total average mor	nthly payment	\$	2,292.84	Copy here=>	-\$	2,292.84	Repeat this amount on line 33a.	
	9c.	Net mort	gage or re	ent expense.								
				otal average monthly f this amount is less				\$	131.	.16 Copy here=>	\$	131.16
10.				.S. Trustee Progra					ıg is incor	rect and	\$	0.00
	Ex	plain why										
11.	Loc	al transp	ortation e	expenses: Check th	e number of vehi	cles for v	which you claim	an ownersh	nip or opera	ating expense.		
		). Go to lir	ne 14.									
	<b>.</b>	1. Go to lir	ne 12.									
		2 or more.	Go to line	: 12.								

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

504.00

\$

Debtor 1	Joseph P. Nolan		Case number	(if known)		
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.					
Vel	nicle 1 Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	nicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	or			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$ _	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			ards, fill in the	 Public \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the a				0.00

Oth	•	In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soci your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 mm the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, s	ales, or use taxes.	\$	2,370.63
17.	Involuntary deductions: The contributions, union dues, and	ne total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life inst, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	30.10
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	ly amount that you pay for education that is either required:		
	as a condition for your jol	b, or		
	for your physically or mei	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthl	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
		any elementary or secondary school education.	\$	0.00
22.	that is required for the health	renses, excluding insurance costs: The monthly amount that you pay for health care in and welfare of you or your dependents and that is not reimbursed by insurance or paid include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents	<b>lephone services:</b> The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	5,311.89

Joseph P. Nolan

Add	ditional Expense Deductions These are additional deductions allowed by the Means Test.					
	Note: Do not include any expense allowances listed in lines 6-24.					
25.	<b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, your dependents.	or				
	Health insurance \$ <b>522.35</b>					
	Disability insurance \$139.06					
	Health savings account + \$ 0.00					
	Total \$661.41 Copy total here=>	\$	661.41			
	Do you actually spend this total amount?					
	□ No. How much do you actually spend?					
	Yes \$					
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b).		0.00			
27.	<b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.					
	By law, the court must keep the nature of these expenses confidential.	\$	0.00			
28.	28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.					
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on lir 8, then fill in the excess amount of home energy costs.	e				
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.	\$	0.00			
29.	<b>Education expenses for dependent children who are younger than 18.</b> The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.					
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.					
	* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.	\$	0.00			
30.	<b>Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.					
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.					
	You must show that the additional amount claimed is reasonable and necessary.	\$	0.00			
31.	<b>Continuing charitable contributions.</b> The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).	+\$	0.00			
32.	Add all of the additional expense deductions. Add lines 25 through 31.	\$	661.41			

Joseph P. Nolan

	s for Debt Payment						
	bts that are secured by an inter- and other secured debt, fill in li	est in property that you own, including home nes 33a through 33e.	e mort	gages, vehicle			
	culate the total average monthly part in the 60 months after you file for	ayment, add all amounts that are contractually or bankruptcy. Then divide by 60.	lue to e	each secured			
Мо	rtgages on your home:						erage monthly yment
33a. Cop	py line 9b here				=>	\$	2,292.84
Loa	ans on your first two vehicles:						
33b. Cop	py line 13b here				=>	\$_	0.00
33c. Cop	py line 13e here				=>	\$_	0.00
33d. List	t other secured debts:						
Name of eac	ch creditor for other secured debt	Identify property that secures the debt		Does paym include tax insurance?	es or		
				□ No			
-NO	NE-			☐ Yes		\$	
				_ 🗖 100		Ψ_	
				☐ No			
				_ 🛮 Yes		\$_	
				□ No			
						•	
				_ U Yes		+\$_	
					Co	ру	
33e. Total	ıl average monthly payment. Add I	ines 33a through 33d	\$	2,292.84		al re=>	\$ 2,292.84
		secured by your primary residence, a vehic support or the support of your dependents?	ile,				
■ No.							
_	s. State any amount that you mu	st pay to a creditor, in addition to the payments ssion of your property (called the <i>cure amount</i> ). e information below.					
Name of th	he creditor	Identify property that secures the debt		Total cure amount			Monthly cure amount
-NONE-				\$	÷ 60	= \$	
					_		
						ру	
		Tota	ıl \$	0.00	) to	al re=>	\$ 0.0
		is a priority tax, child support, or alimony - t ur bankruptcy case? 11 U.S.C. § 507.	hat				
■ No.	. Go to line 36.						
☐ Yes	s. Fill in the total amount of all of ongoing priority claims, such a	these priority claims. Do not include current or s those you listed in line 19.					

Joseph P. Nolan

ebtor 1	Jose	eph P. Nolan		Case	e number (if known	)		
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Basins for this form. Bankruptcy Basics may also be availab	s <i>ics</i> specifie					
	■ No. Go to line 37.							
	☐ Yes.	Fill in the following information.						
		Projected monthly plan payment if you were filing under	er Chapter	13	\$			
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for dand North Carolina) or by the Executive Office for Unit (for all other districts).	listricts in A	labama rustees	×			
		To find a list of district multipliers that includes your district link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Conv	y total	
		Average monthly administrative expense if you were fi	ling under (	Chapter 13	\$		=> \$	
		of the deductions for debt payment. es 33e through 36.					\$	2,292.84
Total	l Deduc	etions from Income						
38. <b>A</b>	dd all c	of the allowed deductions.						
		ne 24, All of the expenses allowed under IRS e allowances	\$	5,311.89				
	•	ne 32, All of the additional expense deductions	\$	661.41	_			
		ne 37, All of the deductions for debt payment	+\$	2,292.84	-			
		Total deductions	\$	8,266.14	Copy total	here=	> \$	8,266.14
art 3:	Det	termine Whether There is a Presumption of Abuse						
39. <b>C</b>	alculat	e monthly disposable income for 60 months						
;	39a. Co	ppy line 4, adjusted current monthly income	\$	8,272.10				
;	39b. Co	ppy line 38, <i>Total deductions</i>	- \$	8,266.14	_			
;		onthly disposable income. 11 U.S.C. § 707(b)(2). abtract line 39b from line 39a	\$	5.96	Copy here=>\$		5.96	
I	For the	next 60 months (5 years)				x 60		
;	39d. <b>To</b>	otal. Multiply line 39c by 60	390	I. \$	357.60	Copy here=>	\$	357.60
40. <b>F</b>	ind out	whether there is a presumption of abuse. Check the	box that a	pplies:		_		
	■ The I	line 39d is less than \$8,175*. On the top of page 1 of the	nis form, ch	eck box 1, The	re is no presu	mption of ab	ouse. Go to Pa	ırt 5.
		line 39d is more than \$13,650*. On the top of page 1 o 4 if you claim special circumstances. Go to Part 5.	f this form,	check box 2, T	here is a pres	umption of a	<i>buse.</i> You ma	y fill out
	☐ The I	line 39d is at least \$8,175*, but not more than \$13,65	<b>0*.</b> Go to lir	ne 41.				
*(	Subject	to adjustment on 4/01/22, and every 3 years after that fr	or cases file	nd on or after th	o data of adju	etmont		

ebtor 1	Jose	eph P. Nolan	Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(		Copy here=>	\$
		Multiply line 41a by 0.25			
25	% of y	ne whether the income you have left over after subtracting all allowed decour unsecured, nonpriority debt. e box that applies:	ductions is enough to pa	y	
		<b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>The</i> part 5.	ere is no presumption of abo	use.	
		<b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The			
Part 4:	Giv	ve Details About Special Circumstances			
		we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. $\S$ 707(b)(2)(B).	ents of current monthly in	ncome fo	or which there is no
■ N	o. Go	o to Part 5.			
□ Y		I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25.	spense or income adjustme	nt for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.			
	G		Average monthly expense or income adjustment	<b>e</b>	
	_		\$		
	_		\$		
	_		\$		
	_		\$	_	
Part 5:	Sig	n Below			
	By si	gning here, I declare under penalty of perjury that the information on this state	ment and in any attachmen	ts is true	and correct.
	X /s/	Joseph P. Nolan			
		pseph P. Nolan gnature of Debtor 1			
Da	te Ar	oril 15, 2019			
	MI	M/DD/YYYY			

Debtor 1 Joseph P. Nolan Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2018 to 03/31/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Entertainment One

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$25,363.40 from check dated 9/30/2018 .

Ending Year-to-Date Income: \$33,104.70 from check dated 12/31/2018 .

This Year:

Current Year-to-Date Income: \$9,791.93 from check dated 3/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$17,533.23 .

Average Monthly Income: \$2,922.21.

#### Line 10 - Income from all other sources

Source of Income: **Disability** 

Income by Month:

6 Months Ago:	10/2018	\$0.00
5 Months Ago:	11/2018	\$0.00
4 Months Ago:	12/2018	\$2,173.12
3 Months Ago:	01/2019	\$0.00
2 Months Ago:	02/2019	\$0.00
Last Month:	03/2019	\$0.00
	Average per month:	\$362.19

Debtor 1	Joseph P. Nolan	Case number (if known)	
----------	-----------------	------------------------	--

## **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Luxotica** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$46,925.00}{\$62,750.00}\$ from check dated \$\frac{9/30/2018}{12/31/2018}\$.

This Year:

Current Year-to-Date Income: \$25,179.50 from check dated 3/31/2019.

Income for six-month period (Current+(Ending-Starting)): \$41,004.50 .

Average Monthly Income: **\$6,834.08**.

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Eastern District of New York**

-				Eustern Dist	ice of fiew 10				
In re	Joseph P. N	iolan			Debtor(s)	Case N Chapte		7	
					Debioi(s)	Спари	51		
	$\mathbf{D}$	ISCLOSU	RE OF COM	<b>IPENSATIO</b>	ON OF ATTO	DRNEY FOR	DEI	BTOR(S)	
	compensation paid	d to me within		ne filing of the pe	tition in bankrupto	y, or agreed to be p	aid to	d debtor(s) and that o me, for services repows:	ndered or to
	For legal serv	ices, I have a	greed to accept			\$		1,800.00	
			atement I have rece					1,800.00	
								0.00	
2.	The source of the	compensation	paid to me was:						
	Debtor	□ Oth	er (specify):						
3.	The source of com	pensation to l	be paid to me is:						
	Debtor	☐ Oth	er (specify):						
4.	■ I have not agre	eed to share th	he above-disclosed	compensation w	th any other perso	on unless they are n	nembe	ers and associates of	my law firm.
			bove-disclosed con ether with a list of the					r associates of my la ned.	nw firm. A
5.	In return for the al	bove-disclose	d fee, I have agreed	d to render legal s	service for all aspe	ects of the bankrupt	cy cas	se, including:	
	b. Preparation and	d filing of any of the debtor	petition, schedule at the meeting of c	es, statement of af	fairs and plan whi	ch may be required	;	e a petition in bankings thereof;	ruptcy;
6.	The abo or any c appeara debtors proceed	ove fee does contested mance of the o in any disc ding and pre	hargeability acti eparation and fili	oresentation in ments of the 34 ations or audit ions, judicial li ing of any reaf	any advesary p 1a creditors me s conducted by en avoidances, firmation agree	proceedings eeting due to not the U.S. Trustee relief from stay ments.	e's Of actio	fice, representati ns or any other a counseling cours	ndversary
				CERTII	FICATION				
	I certify that the forbankruptcy proceed		complete statement	of any agreemen	t or arrangement f	or payment to me f	or rep	presentation of the de	ebtor(s) in
١,	April 15, 2019				/s/ DAVID I. PAI	NKIN ESO			
_	Date				DAVID I. PANKI				
					Signature of Attor				
					David I. Pankin 48 Willoughby 3				
					Brooklyn, NY 1	1201-5202			
					718-243-2444 I	Fax: 718-243-114	4		
					info@pankinlav	v.com			
					Name of law firm				

### **United States Bankruptcy Court** Eastern District of New York

In re	Joseph P. Nolan	Case No.		
		Debtor(s)	Chapter	7

## **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: April 15, 2019

/s/ Joseph P. Nolan

Joseph P. Nolan

Signature of Debtor

Date: April 15, 2019

/s/ DAVID I. PANKIN, ESQ.

Signature of Attorney

DAVID I. PANKIN, ESQ.
David I. Pankin, P.C.
48 Willoughby Street
Brooklyn, NY 11201-5202
718-243-2444 Fax: 718-243-1144

USBC-44 Rev. 9/17/98

Amex PO Box 297871 Fort Lauderdale FL 33329

Atlantic Credit & Finance 2727 Franklin Road SW Roanoke VA 24014

Capital One Bank USA NA 4851 Cox Road Glen Allen VA 23060

Cavalry Portfolio Serv 7 Skyline Dr Ste 3 Hawthorne NY 10532

Convergent Outsourcing 500 SW 7th Street Renton WA 98055

EOS CCA PO Box 5012 Norwell MA 02061-5012

Good Samaritan Hospital PO Box 95000-6520 Philadelphia PA 19195-6520

Grossman&Karaszewski PLLC 5965 Transit Road Suite 500 East Amherst NY 14051

Midland Financial LLC 227 W Trade Street Suite 1610 Charlotte NC 28202

Midland Financial LLC 227 W Trade Street Suite 1610 Charlotte NC 28202 Midland Funding LLC 8875 Aero Drive Suite 200 San Diego CA 92123

Mr. Cooper 8950 Cypress Waters Blvd Coppell TX 75019

Novasom Dept CH 17169 Palatine IL 60055-7169

Portfolio Recovery Assoc c/o US Bank/REI 120 Corporate Blvd Suite 1 Norfolk VA 23502

Rubin & Rothman LLC 1787 Veterans Highway Islandia NY 11749

The Bureaus Inc 1717 Central Street Evanston IL 60204

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

**DEBTOR(S):** Joseph P. Nolan

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	scharged/awaiting discharge, confirmed, dismissed, etc.)
(Dis	scharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to N	NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A SCHEDULE "A" OF RELATED CASE:	A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals we be eligible to be debtors. Such an individual will be required	the have had prior cases dismissed within the preceding 180 days may not to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTO	DRNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York	c (Y/N): <b>Y</b>
CERTIFICATION (to be signed by pro se debtor/petitioner of	or debtor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy of as indicated elsewhere on this form.	case is not related to any case now pending or pending at any time, except
/s/ DAVID I. PANKIN, ESQ.	
DAVID I. PANKIN, ESQ. Signature of Debtor's Attorney David I. Pankin, P.C. 48 Willoughby Street	Signature of Pro Se Debtor/Petitioner
Brooklyn, NY 11201-5202 718-243-2444 Fax:718-243-1144	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any

other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17